Ministry of Health

Plan for 2013-14

Government of Saskatchewan

PLAN FOR 2013-14

Statement from the Ministers

The Honourable Dustin Duncan
Minister of Health

The Honourable Randy Weekes
Minister Responsible for Rural and Remote Health

We are pleased to present the Ministry of Health's Plan for 2013-14.

The Government's Direction and Budget for 2013-14 are built on the principle of *Balanced Growth*, supporting an ongoing focus on sound economic growth and shared prosperity.

Our government remains committed to a health system that provides **better health, better care, better value, and better teams** for Saskatchewan people. As we move forward on our transformation agenda, we have affirmed our commitment to improving access, quality, and safety for the people we serve.

That transformation agenda includes a series of targets and innovations to signal our commitment to improving access and health system quality in areas such as transforming the surgical experience, building a culture of patient and staff safety, and strengthening primary health care.

In the Ministry of Health specifically, our priorities include rural family physician supply, strengthening mental health and addictions services, and emergency room waits and patient flow. These improvement efforts are guided by our commitment to put the patient first in everything we do, they align with the Saskatchewan Plan for Growth, and also build on important work that is underway in the health system and the Ministry.

We are making carefully considered strategic decisions to ensure that health services are stable and sustainable into the future. We look forward to furthering our government's commitments in 2013-14. We remain committed to reporting on progress made toward this plan, within the financial parameters provided, in the Ministry's annual report.

Response to Government Direction

The government remains committed to further establishing Saskatchewan as the best place to live, work and raise a family.

The Saskatchewan Plan for Growth – Vision 2020 and Beyond identifies principles, goals and actions to ensure Saskatchewan continues to benefit from the opportunities and meet the challenges of a growing province. Keeping government's focus on *Balanced Growth*, the plan outlines the key activities that the Government of Saskatchewan will undertake in pursuit of sustained, disciplined growth and a better Saskatchewan.

Government's Vision

"...a strong and growing Saskatchewan, the best place in Canada – to live, to work, to start a business, to get an education, to raise a family and to build a life."

Sustaining growth and opportunities for Saskatchewan people	Improving our quality of life	Making life more affordable	Delivering responsive and responsible government

Government's vision and four goals provide the framework for ministries, agencies and third parties to focus on achieving greater success in the delivery of government services. *The Saskatchewan Plan for Growth – Vision 2020 and Beyond* provides the enabling strategies and actions that the Government of Saskatchewan will undertake to build a strong and growing Saskatchewan. The 2013-14 budget theme of *Balanced Growth* reflects the government's commitment to achieving the Saskatchewan Plan for Growth.

All ministries and agencies will report on progress and results achieved in their 2013-14 annual reports. This honours government's commitment to keep its promises and ensures greater transparency and accountability to the people of Saskatchewan.

Mission, Strategies and Actions

Vision
Healthy People, Healthy Communities
Mission:
The Saskatchewan health care system works together with you to achieve your best possible care, experience and health.
Values:
Respect, Engagement, Excellence, Transparency, Accountability
Better Care
Better Health
Better Teams
Better Value
Culture of Safety | Patient & Family Centred Care
Continuous Improvement | Think & Act as One System

Photo Credit: Enterprise Saskatchewan, Greg Huszar Photography, Mosaic Belle Plaine site

Five-year and 2013-14 Strategic Priorities for the Health System

This plan demonstrates the continued efforts of the health system to further implement the strategic planning approach referred to as Hoshin Kanri, initially adopted in the 2012-13 fiscal year. Hoshin Kanri aims to involve staff from all levels of participating organizations in identifying the vital few priorities for the system, using current data as a guide for decision-making. The intention is to focus on and finish the work in these key areas and then move on to the next set of priorities in future years. This sequencing allows for breakthrough achievement over a short time, rather than slow and inconsistent improvement over a long time, as there are fewer areas to focus on at once. Foundational to the development of this plan are the Premier's priorities announced January 13, 2012, and the Ministers' priorities.

Health system priorities identified through the Hoshin Kanri process, and detailed in this plan, also reflect a commitment to achieving targets laid out in *Saskatchewan's Plan for Growth*. As outlined in the Growth Plan, ministries will review all programs to ensure the programs and services delivered by government are being delivered as efficiently and effectively as possible and are aligned with government priorities. As also outlined in the Growth Plan, the Ministry of Health will support other ministries in the introduction of incentives to provide loan forgiveness of new doctors, nurses, and nurse practitioners working in rural and northern communities.

As outlined in the Growth Plan, ministries will work to reduce the size of the public service by 15% by 2013-14. The table below represents Ministry of Health progress toward this goal.

Fiscal Year	Restated FTE Budget	Decrease from Previous Year	% Change
2008-09	695.5		
2009-10	664.9	30.6	
2010-11	633.4	31.5	
2011-12	550.7	82.7	
2012-13	531.1	19.6	
2013-14	506.9	24.2	
Total		**188.6**	**27.1%**
Change (2009-10 to 2013-14)		**158.0**	**23.8%**

As the health system gains experience with the Hoshin Kanri planning approach, improvements have been made to the plan itself. As a result, some five-year outcomes that were identified in the 2012-13 plan have been revised for the 2013-14 plan. These changes were made in the spirit of continuous improvement, in order to create a more focused plan.

The outcomes identified in the plan are organized by four strategies: Better Health, Better Care, Better Value, and Better Teams. These strategies represent a focus in the health system on achieving the best possible health outcomes for communities and the best possible care for patients, while maintaining a financially sustainable system and ensuring the professionals working in that system have the tools they need to do their best work.

BETTER HEALTH	BETTER CARE	BETTER VALUE	BETTER TEAMS
Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.	In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.	Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.	Build safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers

During the planning process, health system leaders identified three areas in which they would like to see a breakthrough in improvement. These are referred to as Hoshins in the Hoshin Kanri approach:

- By March 2014, improve access and connectivity in **Primary Health Care** innovation sites and use early learnings to build foundational components for spread across the province.
- Transform the patient experience through sooner, safer, smarter **Surgical Care**
- Safety Culture: Focus on **Patient and Staff Safety**

In addition to working to support these three system Hoshins, the Ministry of Health has also identified three Hoshins for 2013-14:

- **Strengthening Mental Health and Addictions Services**
- **Rural Family Physician Supply**
- **Emergency Department Waits and Patient Flow**

The successful implementation of these Hoshins is expected to support the achievement of the longer term outcomes identified in the plan.

2013-14 Health System Plan			
Strategy	**Five-year Outcomes**	**Five-year Improvement Targets**	**2013-14 Actions**
Better Care	By 2017 establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors). ***Measure:*** *See measures for five-year improvement targets*	Patient Safety By March 2017, develop and implement a provincial Safety Alert / Stop the Line System. ***Measure:*** *See measure for corresponding 2013-14 Action* By March 2017, there will be zero patients who experience a medication defect. ***Measure:*** *Progress toward development of medication defect measure (milestone chart)* By March 2017, there will be zero patients who experience a preventable surgical site infection (SSI) from clean surgeries (National Healthcare Safety Network (NHSN) class I, II). ***Measure:*** *Progress toward development of preventable surgical site infection measure (milestone chart)* Workplace Safety By March 2017, there will be zero workplace injuries. ***Measure:*** *Number of accepted WCB time loss injury and medical aid claims*	**Hoshin: Safety Culture: focus on patient and staff safety.** Patient Safety By March 31, 2014, a Safety Alert / Stop the Line System prototype will be developed in Saskatoon Health Region. ***Measure:*** *Progress toward developing prototype (milestone chart)* Continue focus and progress on implementing Medication Reconciliation (MedRec). ***Measures:*** *Percent of acute care patients whose medications have been reconciled on admission* *Progress toward implementation of Medication Reconciliation (MedRec) at transfer/discharge from acute care (milestone chart)* *Percent of acute care patients whose medications have been reconciled at transfer/discharge* *Continue focus and progress on preventing SSIs* ***Measure:*** *Percent of inpatients experiencing a SSI from clean surgeries (NHSN class I, II) for selected procedures* Workplace Safety Reduce in the number of accepted Workers' Compensation Board (WCB) time loss injury and medical aid claims. ***Measure:*** *Number of accepted WCB time loss injury and medical aid claims* Reduce the number of shoulder and back injuries. ***Measure:*** *Number of accepted WCB time loss injury and medical aid claims stratified by injury type (shoulder and back)* Occupational Health and Safety (OH&S) committee chairs and co-chairs will receive Level I and II training. ***Measures:*** *Percent of OH&S committee chairs and co-chairs receiving Level I and II training* *Percent of OH&S committees meeting at least quarterly with quorum* Continue to focus and progress toward the target of all managers, directors and out-of-scope supervisors to receive Safety for Supervisors training. ***Measure:*** *Percent of managers, directors and out-of-scope supervisors receiving Safety for Supervisors training*

2013-14 Health System Plan			
Strategy	**Five-year Outcomes**	**Five-year Improvement Targets**	**2013-14 Actions**
Better Care	By March 2017, all people have access to appropriate, safe and timely surgical and specialty care (cancer, specialist, and diagnostics) as defined by the improvement targets. ***Measure:*** *See measures for five-year improvement targets*	By March 31, 2014, all patients have the option to receive necessary surgery within three months. ***Measure:*** *Number of patients waiting more than three months for surgery* By March 31, 2015, all cancer surgeries or treatments are done within the consensus timeframe from the time of suspicion or diagnosis of cancer. ***Measures:*** *Number of patients waiting more than three weeks for cancer surgery* *Number of patients waiting longer than three weeks for treatment after suspicion or diagnosis of cancer* By March 31, 2017, there will be a 50% decrease in wait time for appropriate referral from primary care provider to specialist or diagnostics. ***Measure:*** *Establish baseline for wait time between primary health care provider referral to specialist visit*	Hoshin: **Transform the patient experience through sooner, safer, smarter surgical care.** Introduce two new pathways and initiate planning for two more; implement strategies to increase referrals through existing pathway assessment clinics; expand shared decision making with next two pathways. ***Measures:*** *Progress toward completion of* two *new pathways (milestone chart)* *Number of patients referred to and flowing through all pathways* Expand clinical variation management plan to another 1-3 surgical areas for a total of 4-6 surgical areas. ***Measure:*** *Progress toward managing variation in additional surgery areas (milestone chart)* Use Lean improvement processes to improve province-wide discharge planning. ***Measure:*** *Progress toward improving discharge planning (milestone chart)* Develop Saskatchewan Surgical Initiative (SkSI) transition plan for post-April 2014 (e.g., transfer of responsibilities, funding arrangements, committee structures, etc.). Plan to sustain the three month wait time for surgery. ***Measure:*** *Progress toward implementation of transition and sustainability plan (milestone chart)* Conduct value stream mapping event for the typical cancer patient. Carry out Rapid Process Improvement Workshops (RPIW) associated with improvement opportunities identified for surgery, cancer care, and GP to specialist. ***Measure:*** *Progress toward completion of mapping and RPIWs (milestone chart)* Review wait time target for cancer surgeries and revise if appropriate. ***Measure:*** *Progress toward review and revision of wait time target (milestone chart)* Establish wait time baseline from primary care provider to specialist. ***Measure:*** *Progress toward completion of establishing baseline (milestone chart)* Establish wait time baseline from primary care provider to diagnostics (CT and MRI). ***Measure:*** *Progress toward completion of establishing baseline (milestone chart)* Expand pooled referrals to another 5-10 groups for a total of 20-25 groups. ***Measures:*** *Progress toward expansion of pooled referrals to additional groups (milestone chart)* *Number of groups pooling referrals*

2013-14 Health System Plan			
Strategy	**Five-year Outcomes**	**Five-year Improvement Targets**	**2013-14 Actions**
Better Health			**Hoshin: By March 2014, improve access and connectivity in PHC innovation sites and use early learnings to build foundational components for spread across the province.**
	By 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions (Diabetes, Coronary Artery Disease (CAD), Coronary Obstructive Pulmonary Disease (COPD), Depression, Congestive Heart Failure, Asthma). ***Measures:*** *Combined hospitalization rates for these six chronic conditions* *Hospitalization rates for the individual chronic conditions*	By 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Health Care (PHC) Team for care on my day of choice either in person, on the phone, or via other technology". ***Measure:*** *Percent of patients who respond to a survey question that they can access their PHC team for care on their day of choice* By 2017, 80% of patients are receiving care consistent with clinical practice guidelines for six common chronic conditions (Diabetes, CAD, COPD, Depression, Congestive Heart Failure, and Asthma). ***Measure:*** *Progress toward plan to identify and adopt Clinical Practice Guidelines (milestone chart)*	By March 31, 2014, implement new models of care and quality improvement tools (e.g. lean) in eight innovation sites. ***Measure:*** *Number of innovation sites that have care models launched and quality improvement tools in place (milestone chart)* By March 31, 2014, implement Collaborative Emergency Centres (CEC's) in selected communities. ***Measure:*** *Progress toward implementation of Collaborative Emergency Centres (CECs) (milestone chart)*

The Hoshins above are intended to provide an intense focus and alignment on strategic improvements in the system that will positively affect the stated outcomes within a shorter period of time. However, these activities are only a subset of the activities required to achieve the five-year outcomes. Other actions are also required to prepare for future Hoshins. These other 2013-14 actions are outlined below:

2013-14 Health System Plan			
Strategy	**Five-year Outcomes**	**Five-year Improvement Targets**	**2013-14 Actions**
Better Health	By 2017, at risk populations (all age groups) will achieve better health through access to evidence based interventions, services and/or supports. ***Measure:*** *See measures for five-year improvement targets*	Mental Health and Addictions By March 2017, reduce by 50% individual readmissions within 30 days (mental health inpatient and acute care units). ***Measure:*** *The number of individuals readmitted to inpatient psychiatry within 30 days or less*	Mental Health and Addictions Implement priority evidence-based practices (e.g., suicide protocols, integration of mental health and addictions). ***Measures:*** *Suicide Prevention Framework: Number of RHAs that have an approved policy regarding suicide prevention by March 31, 2014, which adopts and/or adapts the Cypress RHA policy* *Number of RHAs with shared leadership between Mental Health and Addictions* *Number of RHAs with integrated intake* Develop a plan for collection and benchmark targets for contract psychiatry. ***Measure:*** *Progress toward development of benchmark (milestone chart)* Submit quarterly data regarding wait times for outpatient mental health services to the Ministry of Health. ***Measure:*** *Percent of outpatient clients that are receiving treatment according to benchmark timeframes* Participate in the development of a plan for an integrated mental health and addictions information system. ***Measure:*** *Progress toward a plan for a mental health and addictions information system (milestone chart)* Continued planning on community residential supports for individuals with complex and severe mental health needs. ***Measure:*** *Progress toward development of community residential supports (milestone chart)*
		Seniors Reduce the number of patient days of seniors occupying acute care beds awaiting community service supports (i.e. Home Care) by 50% by March 31st, 2017. ***Measure:*** *Number of acute beds occupied by long-term care residents waiting placement*	Seniors In the pilot region, increase home care utilization and clients by 5% per year (once resources are in place). ***Measures:*** *Number of home care clients* *Number of home care units of service*

2013-14 Health System Plan			
Strategy	**Five-year Outcomes**	**Five-year Improvement Targets**	**2013-14 Actions**
Better Health		Communicable Diseases By March 31, 2017, 100% of cases of specific communicable diseases human immunodeficiency virus (HIV), tuberculosis (TB), and sexually transmitted infections (STI) in high risk populations are managed according to provincial standards. ***Measures:*** HIV: *Percent of HIV cases that are managed according to provincial standards* TB: *Percent of TB patients that commence treatment within 45 days* *Percent of TB cases that relapse* STIs: *Clinics:* *Percent of individuals with a positive lab report for Chlamydia, Gonorrhea and Syphilis who are initiated on the recommended STI treatment within seven days of a positive lab report* *Over all for all STI services:* *Percent of cases of Chlamydia, Gonorrhea, and Syphilis that have public health follow-up and Integrated Public Health Information System (iPHIS) case standing completed within two weeks of a positive lab report*	Communicable Diseases TB strategy approved with TB standards developed. ***Measure:*** *Progress toward standards developed (milestone chart)*

2013-14 Health System Plan			
Strategy	**Five-year Outcomes**	**Five-year Improvement Targets**	**2013-14 Actions**
Better Care	By March 31, 2017, no patient will wait for care in the Emergency Department (ED). ***Measure:*** *See improvement target measure*	By March 31, 2015, decrease by 50% the wait times in the ED. ***Measure:*** *Progress toward ensuring Emergency Departments in Prince Albert, Regina, and Saskatoon are using the National Ambulatory Care Reporting System (NACRS) (milestone chart)*	Prince Albert, Regina and Saskatoon will explore alternatives for urgent care on evenings and weekends, to increase public and provider awareness of all available options for urgent care and connect patients who come to the ED to primary health care for follow-up and continuity of care. ***Measure:*** *Progress toward exploration of alternatives for urgent care (milestone chart)* Establish baseline for ED volumes, waits and CTAS scores in the EDs in PA, Regina and Saskatoon. Establish multiyear outcome targets. Determine if episodic ED patient experience surveying is required. Establish baselines and set reductions for: ED Length of Stay, Time to Physician Initial Assessment, Time to Disposition and Time waiting for an inpatient bed (based on CTAS level). ***Measures:*** *Progress toward development of measures and targets (milestone chart)* *Baseline measures as established* Establish a Provincial Kaizen Operations Team (KOT). Develop value stream maps in Prince Albert, Regina and Saskatoon. Assess health record capacity to support NACRS implementation, by 30 April 2013. Learning from other jurisdictions, including replication and spread strategies. ***Measure:*** *Progress toward development of KOT, implementation of NACRS and reduction in ED wait times (milestone chart)* Establish a mechanism to coordinate with PHC/ LTC/ Complex Care/ Mental Health and Addictions teams. ***Measure:*** *Progress toward establishing a mechanism to coordinate with teams (milestone chart)* Monitor baseline and progress on the number of people who say, "I can access my Primary Health Care (PHC) Team for care on my day of choice either in person, on the phone, or via other technology". ***Measure:*** *PHC patient experience survey*

2013-14 Health System Plan			
Strategy	**Five-year Outcomes**	**Five-year Improvement Targets**	**2013-14 Actions**
Better Value	By March 31, 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth by 1.5%. ***Measure:*** *Baseline percent of regional operating budget at status quo*	By March 2015, shared services will improve quality while achieving $100 million in accumulated savings. ***Measures:*** *Accumulated savings over time* *Quarterly status to yearly target*	Organizations will continue to reduce attendance management costs. ***Measures:*** *Sick time* *Overtime* *WCB claims* Organizations will continue to pursue Lean efficiencies. ***Measures:*** *Number of RPIW events held by Regions* *Number of system participants in Lean training (including Lean Certification and Kaizen Basics)*
	By March 31, 2017, all IT, equipment and infrastructure will be coordinated through provincial planning processes to ensure provincial strategic priorities are met. ***Measure:*** *Progress toward implementation of plan (milestone chart)*	By March 31, 2014, eHealth and 3S Health will work in partnership with key stakeholders to develop a strategy to integrate Information Technology (IT)/ Information Management (IM) services throughout the health system. ***Measures:*** *Progress toward development of IT/IM integration strategy (milestone chart)* *Number of hospitals by region having all three ancillary IT systems (lab, radiology and pharmacy) installed, if required* By March 31, 2017, all key infrastructures (IT, capital, facility renewal) will be coordinated, integrated and delivered on a provincial basis. ***Measures:*** *Progress toward coordination, integration and delivery of all key infrastructures (milestone chart)* *Projected (and actual) lean metrics for new buildings designed using 3P process*	Provincial IT strategic planning process in place, including structure and decision making process agreed to. ***Measure:*** *Progress toward implementation of planning process (milestone chart)* Develop interim mechanism to connect new facility construction to a provincial IT/IM strategy/framework. ***Measure:*** *Progress toward development of interim coordination mechanism (milestone chart)* Complete value stream mapping for surgery information flow on a provincial basis. An anticipated outcome is that this VSM will identify improvement opportunities. ***Measure:*** *Progress toward completion of value stream mapping (milestone chart)* Develop a schedule for 2013-14 to address other key business information flows (VSM and RPIW). ***Measure:*** *Progress toward development of schedule (milestone chart)* Document provincial service delivery assumptions to guide development of the capital (facility asset) strategy. ***Measure:*** *Progress toward documentation to guide strategy (milestone chart)* Each organization to prioritize facility needs and key risks and provide to the Ministry of Health for compilation. ***Measure:*** *Progress toward prioritization of needs and risks (milestone chart)* Validation of key risks and prioritization. ***Measure:*** *Progress toward validation of risks and prioritization (milestone chart)* Explore Provincial/Western Canadian strategies to standardize and procure equipment. ***Measure:*** *Progress toward exploration of strategies (milestone chart)*

2013-14 Health System Plan			
Strategy	**Five-year Outcomes**	**Five-year Improvement Targets**	**2013-14 Actions**
Better Teams	By March 31, 2017, increase staff and physician engagement provincial average scores to 80%. ***Measure:*** *Combined staff and physician combined engagement survey score*	By March 31, 2017, more than 1000 focused Lean training & kaizen events involving staff, physicians and patients, will be undertaken in multiple areas of the health system. ***Measures:*** *Number events held* *Percent of staff and physicians in Lean training including Lean Leader Certification or Kaizen Basics* *Percent of staff and physicians in kaizen events* By March 31, 2017, 100% of staff and physicians are continuously improving care and service through visual daily management. ***Measure:*** *Percent of staff and physicians involved in visual daily management*	Carry out specific physician and staff baseline measurement by using a survey tool ***Measure:*** *Progress toward baseline measurements (milestone chart)* Communicate the findings and plan to staff and physicians (create a better exchange of information in a meaningful way) and resurvey on an episodic basis. ***Measure:*** *Progress toward reporting and continuous surveying (milestone chart)* Develop and implement processes in each RHA/SCA to improve communication, build trust and improve collaboration with their physicians. ***Measures:*** *Percent of staff and physicians who say their voices are heard and are able to contribute to improvement* *Percent of physicians who say they are able to openly communicate with physician and RHA leaders* *Percent of RHA/SCA physician leadership positions that are filled* SMA locum pools or regional-based locum pools utilized to support physician involvement in Lean training and clinical kaizen events. Ensure adequate lead time for planning for physician participation. ***Measures:*** *Progress toward physician involvement in Lean events (milestone chart)* *Progress toward creation of a measure (milestone chart)* RHA and physician leaders doing joint gemba walks and collaborating on remedial actions and future priorities. ***Measure:*** *Percent of staff and physicians involved in visual daily management* Spread engagement strategy. Engagement strategy includes Lean training, kaizen events, and participation in visual daily management. ***Measure:*** *Percent of clinical programs led through dyad (physician and non-physician) partnerships*

The table above represents the strategic goals of the entire health system in Saskatchewan. The table below speaks specifically to the strategic goals of the Ministry of Health.

2013-14 Ministry of Health Plan		
	Project Name	**2013-14 Actions**
Better Care	Patient Safety Project supporting system hoshin	• Coordinate planning of a provincial Safety Alert System and stop-the-line process involving all Regional Health Authorities (RHAs) (provincial vision; plan for replication of the model line) ***Measure:*** *Progress towards implementation of a Safety Alert System/stop-the-line process* • Develop method(s) to audit use of the surgical site infection (SSI) prevention bundle ***Measure:*** *Progress towards development of a method to audit SSI bundle use* • Oversee compliance audits for Medication Reconciliation (MedRec) on admission and discharge to and from acute care (including cancer centres) ***Measure:*** *Progress towards development of a method to audit MedRec at transfer/ discharge from acute care* • Develop a comprehensive plan for MedRec in long-term care (LTC), to be implemented in 2014-15 ***Measure:*** *Progress towards development of a plan for MedRec in LTC* • Fully implement surveillance of Clostridium difficile infection (CDI) ***Measure:*** *Progress towards implementation of CDI surveillance*
	Transforming the patient experience through sooner, safer, smarter surgical care Project supporting system hoshin	• Support RHAs to achieve the delivery of surgeries within three months ***Measure:*** *Track surgical wait times* • Expand clinical variation management plan to another two to three surgical areas for a total of four to six surgical areas ***Measure:*** *Track progress on variation/appropriateness project and number of groups engaged* • Reduce wait time from primary care to specialist and diagnostic referral ***Measure:*** *Establish wait one baseline; track change in wait one over time; track primary care to specialist/diagnostics project implementation* • Expand pooled referrals to another 5-10 groups for a total of 20-25 groups ***Measure:*** *Track number of groups pooling referrals* • Provincial Surgical Kaizen Operations Team completes five rapid process improvement workshops (RPIWs) ***Measure:*** *Track number of RPIWs and resulting improvements* • Develop and implement Saskatchewan Surgical Initiative (SkSI) transition plan for post April 2014 (e.g., Transfer of responsibilities, funding arrangements, committee structures, etc.) ***Measure:****Track transition plan development and implementation* • Introduce two new pathways and initiate planning for two more; implement strategies to increase referrals through existing pathway assessment clinics; expand shared decision making with next two pathways ***Measure:*** *Track selection and pathway implementation progress; track pathway performance (number of patients served, timeliness)*
Better Health	Strengthen Primary Health Care (PHC) to Improve Connectivity, Access and Chronic Disease Management Project supporting system hoshin	• By March 31, 2014, support the implementation of new models of care and quality improvement tools (e.g., lean) in eight innovation sites ***Measure:*** *Number of innovation sites that have care models launched and quality improvement tools in place* • By March 31, 2014, support the implementation of Collaborative Emergency Centres (CECs) in communities that meet criteria and standards ***Measure:*** *Progress toward implementing CECs (milestone chart)* • By March 31, 2014, identify and disseminate clinical practice guidelines (CPGs) for four of the six selected common chronic conditions ***Measure:****Number of chronic conditions for which CPGs have been identified*

2013-14 Ministry of Health Plan		
	Project Name	**2013-14 Actions**
Better Health	Integration of Mental Health & Addictions with Primary Health Care Project supporting system hoshin	• Develop, test, revise and evaluate screening and brief intervention resource package with three innovation sites (October 30, 2013) • Spread screening tools to all eight innovation sites (March 31, 2014) ***Measure:*** *Progress toward completion of development and evaluation of resource package (milestone chart)*
	Strengthening Mental Health & Addictions Services Project supporting Ministry hoshin	• Develop a draft inter-ministerial mental health and addictions plan ***Measure:*** *Progress toward completion of draft plan by March 31, 2014 (milestone chart)*

Better Teams	Rural Family Physician Supply
	
	Project supporting Ministry hoshin
		• Diagnosis and review provincial physician recruitment and retention strategy and recruitment processes (including value stream mapping)
		  • Progress toward completion of diagnosis and review (milestone chart)
		• Deep dive and implement solutions to resolve issues (RPIWs)
		  • Measure: Progress toward completion of issue resolution (milestone chart)
		• Update the 2009 Physician Recruitment & Retention Strategy, which could include modification of existing initiatives or implementation of new strategies
		Measure: *Progress toward completion of strategy update (milestone chart)*
		• Release a Provincial Physician Resource plan
		Measure: *Progress toward plan release (milestone chart)*

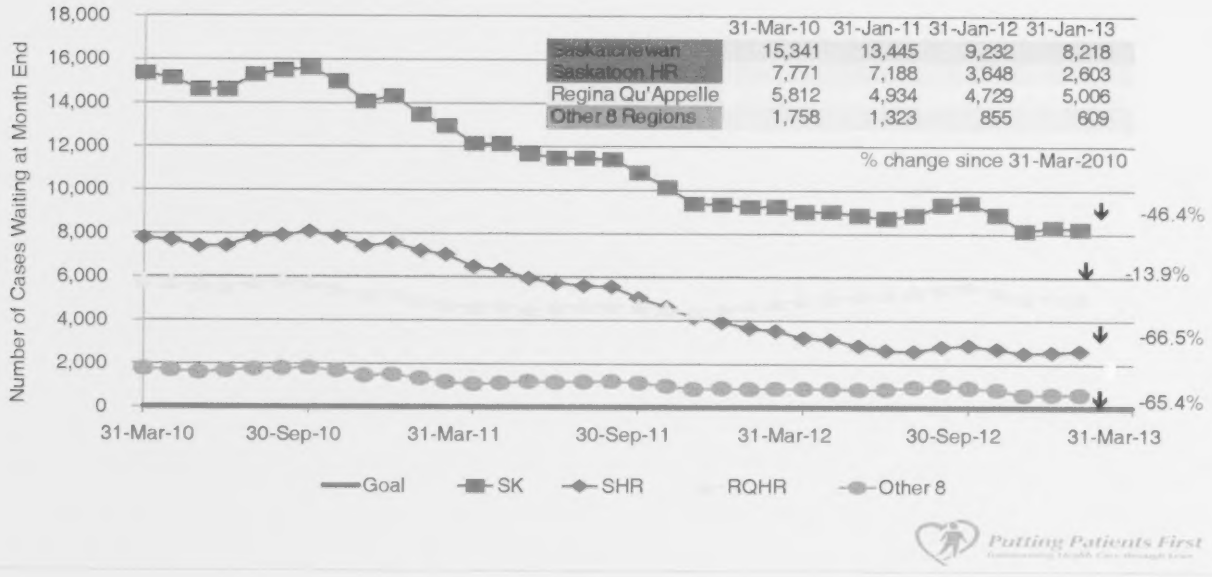
Better Care	Emergency Department (ED) Waits and Patient Flow	• Establish provincial and regional teams to guide the work and monitor the progress (e.g., collaboration with primary health care teams, mental health and addictions specialists, emergency physicians etc.) • Complete the data analysis that identifies the contributing causes of overcrowding in the ED at the six largest provincial hospitals • Develop value stream maps in Prince Albert, Regina, and Saskatoon to identify gaps and non-value added activities throughout the care continuum • Establish baseline measures and reduction targets for ED Length of Stay, Time to Physician Initial Assessment, Time to Disposition and Time Waiting for an Inpatient Bed based on Canadian Triage and Acuity Scale (CTAS) • Develop project and action plans for 2014-2017, support and guide implementation of action plans, and ensure that proper mitigation strategies are in place • Implement site-specific patient flow improvement initiatives involving patients and their families, health providers, health administrators, and other stakeholders ***Measure:*** *Progress toward achieving the above-mentioned activities (milestone chart)*
Better Health	Supports for Individuals with Complex Mental Health Needs & Wait Times Project supporting system outcome	Wait Times • Improve wait times data collection process, review and analyze data to identify hotspots, and work with RHAs to establish mitigation and improvement plans ***Measure:****Number of clients who receive service according to recommended benchmark timeframes* Complex Mental Health Needs: Adult • Provide community supports through the construction of complex needs residential housing in appropriate RHAs • Develop plans for 2014-15 ***Measure:*** *Progress toward development, approval, and funding of plan (milestone chart)* *Progress on capital projects (on time, on budget)* *Progress toward development of 2014-15 plan (milestone chart)* Complex Mental Health Needs: Youth • Complete cross-ministerial budget plan for enhanced residential care and intensive community based treatment for youth with complex mental health and related needs ***Measure:*** *Progress toward development of and agreement to proposal (milestone chart)*

2013-14 Ministry of Health Plan		
	Project Name	**2013-14 Actions**
Better Health	Community Supports for Seniors (At Risk Populations) Project supporting system outcome	• Pilot Home First/Quick Response Home Care in one RHA ***Measure:*** *Progress toward implementation of pilot project (milestone chart)* • Ministry develops plan for expansion and spread ***Measure:*** *Progress toward development of expansion and spread plan (milestone chart)*
	Children and Youth Project supporting system outcome	• Participation at the Saskatchewan Child and Youth Agenda Senior Leadership and Working Group in the development of an Early Childhood Strategy, specifically: a) Support the development of a Healthy Weights plan that engages communities and employers to lead initiatives throughout the province ***Measure:*** *Progress toward establishment of baseline measurement, using the measurements of four year old children attending regional and First Nations Child Health Clinics, and ongoing data collection of children's date of birth, height, weight and gender. (milestone chart)* b) Annualize the implementation of the Fetal Alcohol Spectrum Disorder (FASD) prevention projects ***Measure:*** *Progress toward full implementation of FASD prevention programming by April 2013. (milestone chart)* • Develop an evaluation framework of the FASD prevention projects that links mental health for diagnosis (Autism Spectrum Disorder (ASD) and FASD) and treatment services (ASD) and addictions and health promotion for FASD prevention ***Measure:*** *Progress toward development of evaluation framework (completed by December 2013) (milestone chart)*
Better Value	Bending the Cost Curve Project supporting system outcome ** Denotes measures that are reported elsewhere in the plan.	• Develop continuous long term strategies and approaches that can further bend the cost curve • Monitor cost savings captured by Ministry-led strategic projects through strategic visibility wall walks and through performance check-ins ***Measures:*** • *Progress toward plan to identify and adopt Clinical Practice Guidelines for Diabetes, coronary artery disease(CAD), chronic obstructive pulmonary disease (COPD), Depression, Congestive Heart Failure, and Asthma (milestone chart)*** • *Progress toward completion of a Rural Family Physician Supply Plan (milestone chart)*** • *Total paid premium hours* • *Accumulated shared services savings over time*** • *Accumulated savings through group purchasing of generic drugs with other jurisdictions* • *Accumulated savings through utilization of generic drugs in the province* • *Progress toward completion of an information technology (IT)/information management (IM) plan (milestone chart)*** • *Progress toward completion of an equipment and capital plan (milestone chart)*** • *Number of Lean events held* • *Number of Patient and Family Advisors involved in 3P and RPIW events* • *Combined hospitalization rates for Diabetes, CAD, COPD, Depression, Congestive Heart Failure, and Asthma*** • *Hospitalization rates for the individual chronic conditions***

Performance Measures

Measure

Number of Patients Waiting Longer than three Months for Surgery



Measure Description

This measure relates to the five-year health improvement target - By March 31, 2014, all patients have the option to receive necessary surgery within three months.

In 2010, government committed to improve the surgical patient experience and reduce wait times for surgery to three months by 2014. Over the four years of the Surgical Initiative, the wait time targets have progressed from 18 months, to 12 months, to six months, and now three months. A broad range of activities focusing on Sooner, Safer, Smarter surgical care have resulted in reduced wait times for surgery.

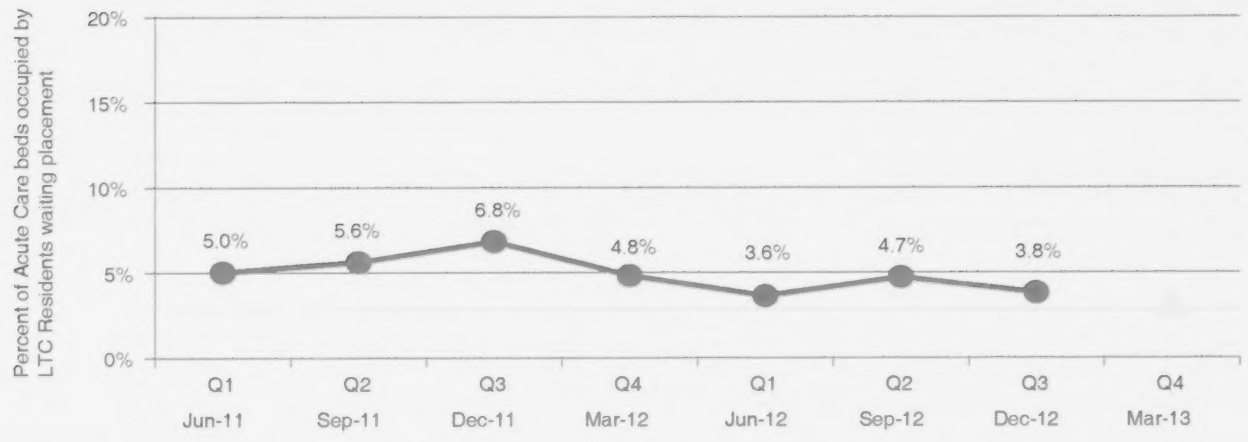
While good progress has been made, there is more improvement to be made.

Priority areas for improvement in 2013-14 include reducing wait times for cancer surgery and care, developing and implementing additional care pathways, reducing clinical variation in select surgical areas, expanding the use of pooled referrals to more surgeon groups, and developing a transition plan to ensure the ongoing continuous improvement of surgical care after the Surgical Initiative ends in March 2014.

Photo Credit: Tourism Saskatoon, City of Bridges

Measure

Acute Beds Occupied by LTC Residents Waiting Placement



Date Prepared: 09/01/2013
Report Contact: Rosalinde Peters, MoH
Source: RHAs
Refresh Cycle: Quarterly
Operational Definition: Percent of Acute Care beds occupied by LTC Residents waiting placement

Putting Patients First

Measure Description

This measure relates to the five-year health improvement target - By March 31, 2015, in a pilot region, reduce by 50% of the 2012-13 4th quarter, the number of patient days for seniors occupying acute care beds who are awaiting community service supports (i.e., home care) and long-term care placement.

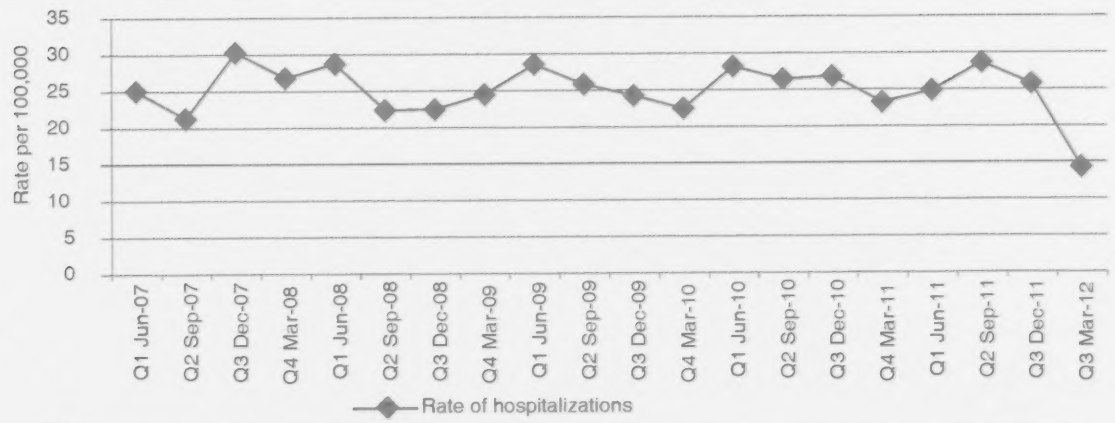
There are insufficient community supports to allow seniors to remain in their own homes independently for as long as possible. This typically results in unnecessary ER visits, inappropriate admissions to acute care and premature admission to long-term care and personal care homes. The links with primary health care aren't currently sufficient to effectively manage chronic diseases in the seniors' population.

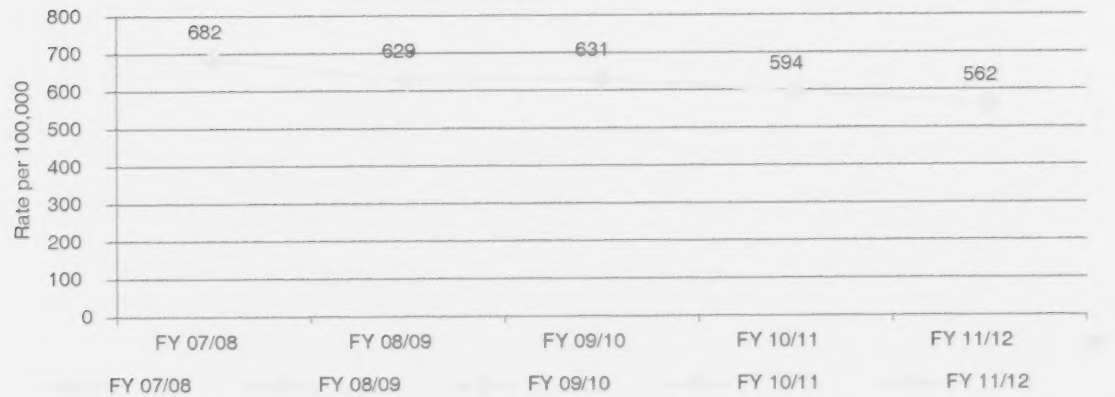
As such, the Community Supports for Seniors pilot project, and five-year outcome and improvement targets are focused on improving better health through access to evidence-based interventions, services and/or supports. This has the potential to provide seniors with access to supports that will allow them to age within their own home and progress into other care options as their needs change. It also has the potential to reduce unnecessary hospital admissions, reduce emergency room visits, transition patients out of the hospital quicker, decrease caregiver burden and allow seniors to age at home.

Photo Credit: Ministry of Parks, Culture and Sport, Greg Huszar Photography, Cycling near Saskatoon

Measure

Diabetes related hospitalizations, incidence and prevalence rates





FY 07/08 FY 08/09 FY 09/10 FY 10/11 FY 11/12

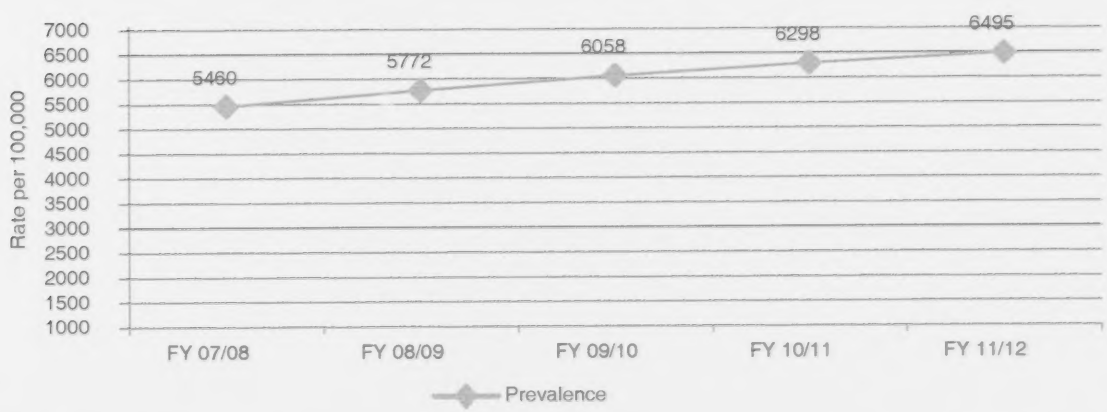


Photo Credit: Tourism Saskatoon, River Landing Riverfront Park at Dusk

Measure Description

This measure relates to the five-year health outcome: By 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions -- Diabetes, Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), Depression, Congestive Heart Failure (CHF), Asthma.

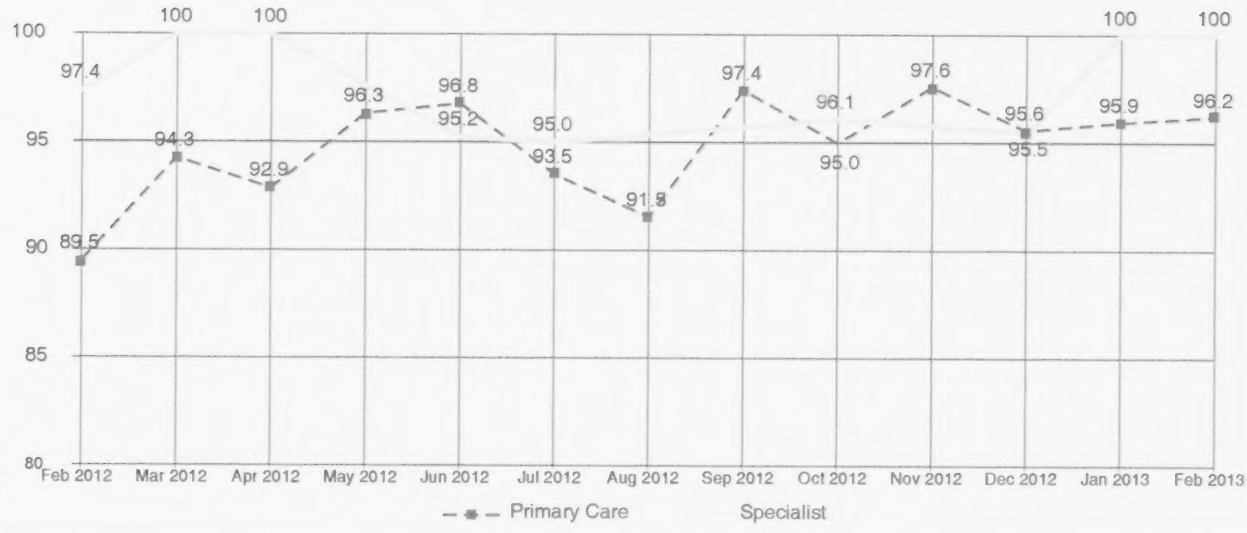
Diabetes prevalence continues to increase in Saskatchewan, particularly among our First Nations peoples. Diabetes, along with the other five common chronic conditions identified, are known as "ambulatory care sensitive conditions" (ACSCs). ACSCs are conditions where good access to primary health care (PHC), good management of the condition by PHC providers and teams in accordance with guideline-informed clinical best practice, and good patient self-management, all have strong and measurable impact on the rate of hospitalization for people with these conditions. A disproportionately high rate of hospitalizations often reflects problems in obtaining access to appropriate primary health care, or inconsistent care based on clinical guidelines. Therefore, this graph is used as a measure of access to appropriate primary health care and good management of chronic conditions in PHC settings.

As such, the Primary Health Care Hoshin, and five-year PHC outcome and improvement targets are focused on improving access to care, and improving good management of patients with diabetes and five other common chronic conditions. This has the potential to keep patients with diabetes and other chronic conditions healthier and to reduce the risk that they will need hospitalization for any symptom or complication related to their chronic condition. Throughout 2013/14, the work of eight PHC Innovation sites and of Collaborative Emergency Centres (CECs) in select communities will test improvement ideas for access and chronic disease management. While not all hospitalizations for these conditions are avoidable, appropriate ambulatory care provided through primary health care could prevent the onset of these types of illnesses or conditions, better control an acute episodic illness or condition, and help Saskatchewan's people to better manage their chronic conditions.

Photo Credit: Ministry of Environment

Measure

Percent of patients reporting they were able to get an appointment on their day of choice



Measure Description

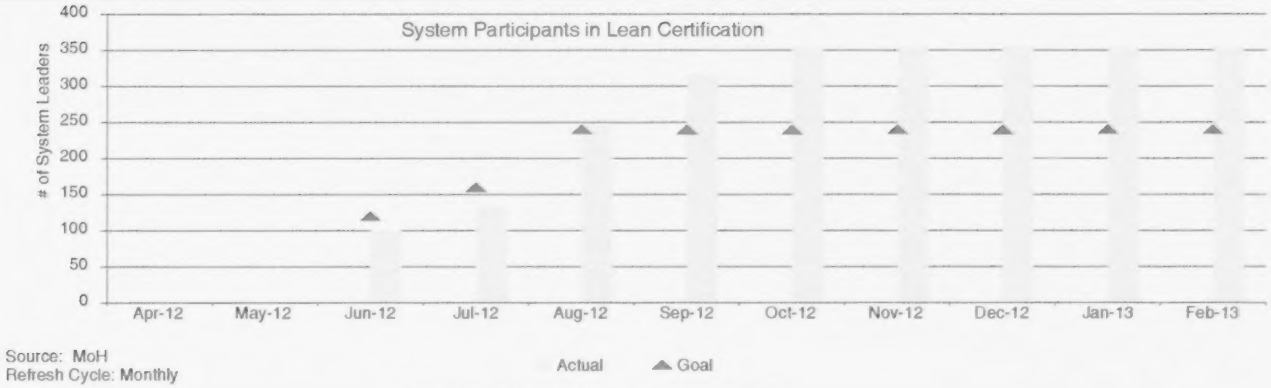
This measure relates to the five-year health outcome: By 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Health Care (PHC) Team for care on my day of choice either in person, on the phone, or via other technology".

The graph presents the percent of patients who responded "yes, they were able to get an appointment on their day of choice." The solid line shows patients' access to their primary health care provider or team, while the dashed line shows patients' access to specialist care. Saskatchewan is just beginning to test and implement measures in this area, learning about best processes and tools. The number of practices and patients participating in the survey is very small – in January 2013, approximately 300 patients responded to the survey, representing approximately 20 PHC clinics and two specialty clinics across Saskatchewan.

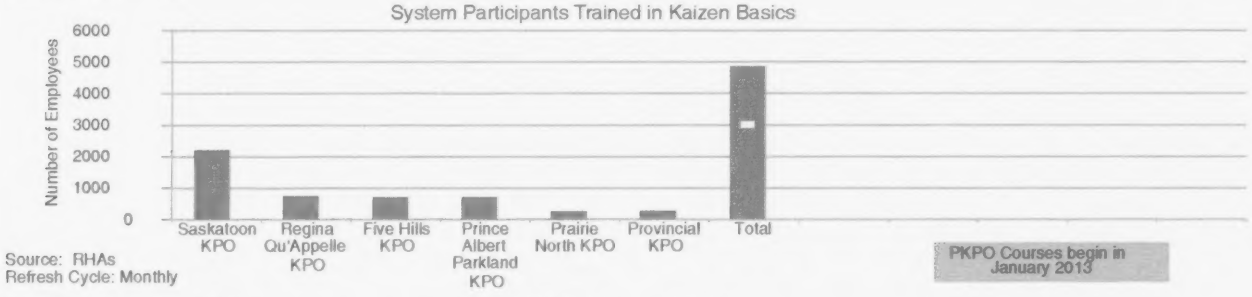
Photo Credit: Tourism Saskatchewan, Greg Huszar Photography, Jones Peak, near Eastend

Measure

Number of System Participants in Lean Training



Source: MoH
Refresh Cycle: Monthly



Source: RHAs
Refresh Cycle: Monthly

Date Prepared: February 27, 2013
Report Contact: Trish Livingstone, PKPO

Measure Description

Under the Better Value Strategy, this 2013-14 Actions measure relates to the five-year health outcome: By March 31, 2017, the health system will bend the cost curve by lowering status quo growth by 1.5%.

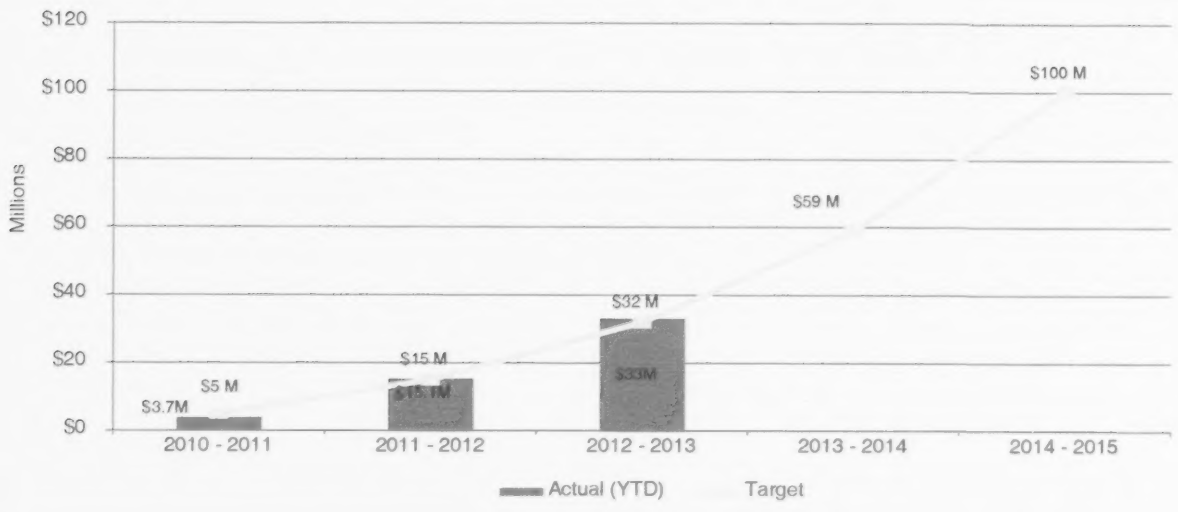
In order to achieve accumulated savings in the health system that will bend the cost curve, organizations must continue to pursue Lean efficiencies. Collectively building health system capacity and overall organizational culture is fundamental to obtaining Lean efficiency gains. In-depth, learn-by-doing Lean Certification of 880 health system and physician leaders combined with introductory Lean Kaizen Basics training for over 9000 frontline health staff are being pursued in the next four years to ensure Lean is embedded in the health system as our continuous improvement methodology. Lean focuses on providing value as defined by the customer (patient). Everything else is waste and should be eliminated, simplified, reduced or integrated. Our health system leaders and frontline staff are given Lean training and tools to generate and implement value-added, innovative solutions to problems.

The trend of the data in the above two charts suggests we are on target to meet both Lean training goals (Certification and Kaizen Basics), which will ultimately help bend the cost curve and provide value from Saskatchewan patients' point of view.

Photo Credit, Ministry of Parks, Culture and Sport, photo by Paul Austring, Holy Trinity Anglican Church, Stanley Mission, Lac La Ronge Provincial Park

Measure

Cumulative Savings through a Shared Services Organization



Measure Description

This measure relates to the five-year health outcome - By March 31, 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth by 1.5%.

In the 2012-13 fiscal year, the Ministry of Health designated a breakthrough initiative to identify and provide services collectively through a shared services organization, an opportunity identified through the Patient First review. 3sHealth was created to work with the RHAs and SCA to identify and deliver shared services to the Saskatchewan health system. Savings made available to the system are tracked to identify progress and identify areas of opportunity in providing "Better Value" to the health system.

To date 3sHealth has been successful in achieving the 2012-13 targets of $32M by providing the system with $33M in available cumulative savings. This work has been primarily as a result of joint purchasing initiatives; this includes 20% of goods and services being purchased through the "New West Partnership" with Alberta and British Columbia. Targets have been set to achieve a total of $59M in cumulative savings by March 31, 2014 and $100M by March 31, 2015.

Financial Summary

2013-14 Estimates	(in thousands of dollars)
Central Management and Services	13,243
Provincial Health Services	224,605
Regional Health Services	3,357,009
Early Childhood Development	10,992
Medical Services and Medical Education Programs	857,877
Provincial Infrastructure Projects	120,615
Drug Plan and Extended Benefits	374,803
Total Appropriation	**4,959,144**
Capital Asset Acquisitions	(121,018)
Capital Asset Amortization	3,535
Total Expense	**4,841,661**
FTE Staff Complement	**506.9**

For more information, see the Budget Estimates at: http://www.finance.gov.sk.ca/budget2013-14

Health's 2013-14 Budget by Cost Type

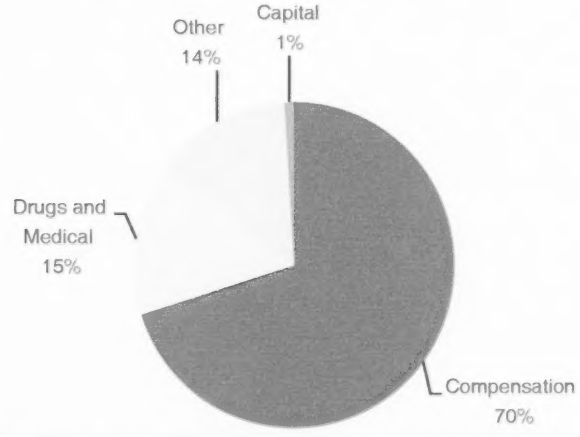


Photo Credit: Tourism Saskatchewan, David Buckley, Canoeing, MacFarlane River

Highlights

Health's $4.84 billion budget for 2013-14 (increase of $162 million or 3.5 per cent) provides significant investments to help meet the health care needs and improve the quality of life of Saskatchewan people.

Key areas to support the health system include:

- $3.0 billion for Regional Health Authorities (increase of $132 million over 2012-13), including $29 million for population growth within regions (recognizing that growth must be carefully balanced and managed).
- $150.7 million for the Saskatchewan Cancer Agency (increase of $12 million) to support access to cancer services and for increased drug, operating and medical costs.
- $70.5 million investment for the Saskatchewan Surgical Initiative (SKSI) (increase of $10 million) to provide a projected 7,000 surgeries over last year. SKSI is the province's plan to provide sooner, safer, smarter surgical care
- $163.9 million capital investment, an increase of $92.3 million or 129 per cent over last year. This includes $121.0 million in the form of government-owned capital and $42.9 million for third party capital:
  - $50.0 million in government-owned capital for the co-owned Moose Jaw Union Hospital replacement.
  - $70.6 million in government-owned capital for co-owned long-term care (LTC) facility funding to continue construction work in Biggar, Kelvington, Kerrobert, Kipling, Maple Creek, and Prince Albert.
  - $400,000 in government-owned capital for the provincial laboratory machinery and equipment.
  - $11.0 million in third party funding, an increase of $4.0 million, for diagnostic, medical/surgical and other equipment.
  - $1.3 million in third party funding for a helipad at the Regina General Hospital.
  - $14.7 million in third party funding, an increase of $5.4 million, for life safety and emergency repairs.
  - $15.9 million in third party funding, an increase of $8.7 million to continue construction on RHA-owned LTC facilities in Radville, Redvers, Rosetown, Shellbrook, and Tisdale.
  - Planning also continues on Saskatchewan Hospital North Battleford.
- $25.6 million investment to bolster health services for rural Saskatchewan:
  - $10.5 million in continued support of STARS helicopter ambulance to provide enhanced emergency coverage. STARS now operates 24/7 from bases in both Regina and Saskatoon.
  - $9.8 million (an increase of $4.3 million) for innovative approaches to improve access to primary health care, including the introduction of Collaborative Emergency Centres (CECs), to improve health services for Saskatchewan people. CECs are designed to enhance access to high quality, comprehensive primary health care that is capable of dealing with unexpected illness or injury in a timely fashion.
  - $3.0 million (increase of $1.5 million) to support the implementation of a 20 rural physician locum pool that will support patient access to physician care (locum physicians temporarily fulfill the duties of physicians who are away from their practice).
  - $2.3 million to support training seats as well as recruitment of physicians. This includes funding of $250,000 for the Rural Family Physician Recruitment Incentive Program, as announced by the Premier earlier at SARM.
- $3.7 million to operate a new PET CT scanner at Royal University Hospital (this diagnostic tool, used mainly to support appropriate treatment of cancer patients, is anticipated to begin operating later this spring).
- $3.15 million investment in seniors, which includes:
  - $2 million for a new Home First/Quick Response Home Care two-year pilot in Regina Qu'Appelle Health Region. This program helps prevent avoidable hospital admissions, facilitates earlier hospital discharge and provides crisis intervention in the community. The program may include such things as: short-term case management, medication management, skin and wound care, mobility aids, rehabilitation, and other support.

- $750,000 for partial year operating funding for 24 additional beds at Pineview Terrace Lodge in Prince Albert, to assist the region in reducing wait lists and better meet the increased demands for care. Beds are anticipated to be open October 2013.
- $400,000 (increase of $350,000) for expansion of the Alzheimer Society's First Link program to four additional sites (North Battleford, Swift Current, Estevan, and Prince Albert), as well as to establish six dementia advisory networks to improve the system of care and support for people with dementia, their family and caregivers.

Financial Impacts to Help Control Health Costs:

- RHAs and the Saskatchewan Cancer Agency have been tasked with finding $53.8 million in efficiencies in 2013-14.
- Initiatives to lower prices on generic drugs are estimated to save over $20 million in 2013-14.

For More Information

Please visit the Ministry's website at www.health.gov.sk.ca for more information on the Ministry's programs and services.

Front Page Photo Credits

Canola and flax fields	*Biking, Narrow Hills Provincial Park*	*Over the Hill Orchards*	*Saskatchewan Legislative Building*
Photographer, Charles Melnick	*Greg Huszar Photography*	*Greg Huszar Photography*	*Greg Huszar Photography*